

Partnership form

Reply

Fax: +49 (0) 2324 9648-755

E-mail: export@resol.de

Company address:

Name

Address

ZIP-Code

City

Country

CEO / Management Executives:

Number of employees:

In which market are you active and since when?

1) _____ since _____

2) _____ since _____

3) _____ since _____

4) _____ since _____

Which products do you carry?

1) _____

2) _____

3) _____

4) _____

Do you know RESOL products and, if yes, do you have any experience in handling and operating them?

What would be a convenient date for you to attend a partner training?

Date, signature